

FILED
Apr 26, 2000 8:00 am
Secretary of State

01-19-2000 90095 003 ***150.00

DOCUMENT # P990000004150

1. Entity Name
POMPAÑO'S BEST HARDWARE AND SUPPLIES, INC.

Principal Place of Business Mailing Address
224 N. FEDERAL HIGHWAY **224 N. FEDERAL HIGHWAY**
POMPAÑO BEACH FL 33062 **POMPAÑO BEACH FL 33062-4316**

2. Principal Place of Business 3. Mailing Address
896-A N. FED Hwy **896-A N. FED Hwy**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pomp. Bch. FL **Pomp. Bch. FL**
Zip Zip
33062 **33062**
Country Country
USA **USA**

4. FEI Number Applied For
68-0892251 ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COTE, SUSAN SHULMAN
224 N. FEDERAL HIGHWAY
POMPAÑO BEACH FL 33062
7. Name and Address of New Registered Agent
Name **Susan Shulman Cote**
Street Address (P.O. Box Number is Not Acceptable)
896-A N. FED Hwy
City **Pomp. Bch** FL Zip Code **33062**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE *Susan Shulman* DATE **1/11/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *Susan Shulman* DATE **1/11/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)